

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							ST. NO. 107089162	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
3	2						53	
4	0						54	
5	0						55	
6							56	
7	0						57	
8	0						58	
9	0						59	
10	0						60	
11	0						61	
12	0	1					62	
13	0						63	
14	0						64	
15	0						65	
16	0						66	
17	0						67	
18	0						68	
19	0						69	
20	0						70	
21	0		1				71	
22	0		1				72	
23	1		1				73	
24			1				74	
25			1				75	
26			1				76	
27			1				77	
28			1				78	
29			1				79	
30			1				80	
31			1				81	
32			1				82	
33			1				83	
34			1				84	
35			1				85	
36			1				86	
37			1				87	
38			1				88	
39			1				89	
40			1				90	
41			1				91	
42			1				92	
43			1				93	
44			1				94	
45			1				95	
46			1				96	
47			1				97	
48			1				98	
49			1				99	
50			1				100	
TOTAL IND.	2		3				TOTAL IND.	
TOTAL DEP.	22	→	27	→		→	TOTAL DEP.	→
TOTAL CLAIMS	24	→	30	→		→	TOTAL CLAIMS	→